

**MEDICAID CODING GUIDELINE**  
**EFFECTIVE: 7-1-02**

**TELEMEDICINE**

**CODE:** Q3014

**REIMBURSEMENT:** \$20.00 which is for the use of the room and the technical set up of the equipment. The reimbursement is the same no matter if the telemedicine room is in the clinic, hospital or ER room. All sites are considered a clinic site of service.

- If a physician is present with the patient he can bill for the service he is providing. Any supplies that are used are to be provided by the physician doing the procedure even if not employed by the telemedicine facility.
- The consulting site must use the GT modifier on their claims to denote telemedicine services.
- If a separate long distance line charge is required for out-of-network sites, NDMA will reimburse the **actual cost** of the line from the phone company.

Ex: A physician from a private clinic doesn't have telemedicine available so he brings the patient to the hospital that offers this service. The private physician debrides a wound per recommendations of the telehealth consulting site. Instead of bringing the patient back to his clinic to debride, he debrides him in the telemedicine room out of convenience. The hospital will not receive extra reimbursement for this service. The physician will be allowed the procedure performed. Any supplies used are included in the professional fee. The physician should either bring the supplies with him or contract with the hospital to pay for any supplies used. If this isn't possible then the physician should meet the patient at the clinic, after the telemedicine session, to have the debridement done.